

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/502056

APPLICANT(S)

FILING DATE  
Winston Avarado  
National Stage Proce-  
P-36021 Specialist  
1703 205-0421

CLAIMS

1	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
3							53						
4	3						54						
5	0						55						
6	0						56						
7	0						57						
8	0						58						
9	0						59						
10	0						60						
11	0						61						
12	0						62						
13	0						63						
14	0						64						
15	0						65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
23			/				73						
24			/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32			/				82						
33							83						
34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓	1		↓							
TOTAL DEP.	16	←	16	←	16	←							
TOTAL CLAIMS	17			17									